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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket Number	1386/24
(37 CFR 1.63)		First Named Inventor	Scheffer
COMPLETE IF KNOWN			
OR		Application Number	
<input type="checkbox"/> Declaration Submitted With Initial Filing		Filing Date	April 7, 2006
<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		Art Unit	
		Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A DIAGNOSTIC METHOD FOR NEONATAL OR INFANTILE EPILEPSY SYNDROMES

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

10/13/2004

as United States Application Number or PCT International

Application Number

PCT/AU2004/001399

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
PCT/AU2004/001399 2003905565	WIPO AU	10/13/2004 10/13/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION – Utility or Design Patent Application

Direct all correspondence to:	<input checked="" type="checkbox"/> The address associated with Customer Number:	25297	OR <input type="checkbox"/> Correspondence address below
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Name Arles A. Taylor, Jr.

Address Suite 1200, University Tower, 3100 Tower Boulevard

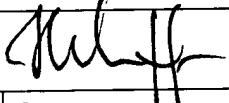
City Durham	State NC	ZIP 27707
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Country USA	Telephone 919-493-8000	Email ataylor@jwth.com
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
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Given Name (first and middle [if any]) Ingrid Eileen	Family Name or Surname Scheffer
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Inventor's Signature 	Date 14 SEP 2006
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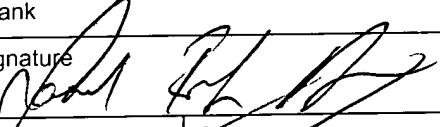
Residence: City Hawthorn East	State Victoria	Country AUSTRALIA	Citizenship AU
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Mailing Address 3 Leura Grove

City Hawthorn East	State Victoria	Zip 3123	Country AUSTRALIA
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	---

Given Name (first and middle [if any]) Samuel Frank	Family Name or Surname Berkovic
--	------------------------------------

Inventor's Signature 	Date 14-09-2006
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Residence: City Caulfield North	State Victoria	Country AUSTRALIA	Citizenship AU
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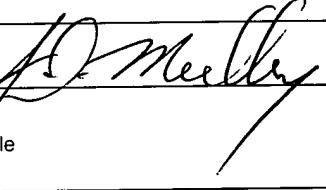
Mailing Address 7 Polo Parade

City Caulfield North	State Victoria	Zip 3161	Country AUSTRALIA
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<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet
Page _____ of _____		

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Sarah Elizabeth		Heron	
Inventor's Signature 		Date 7/9/2006	
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8 Kinnaird Crescent Mailing Address			
City Highbury	State South Australia	Zip 5089	Country AUSTRALIA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
John Charles		Mulley	
Inventor's Signature 		Date 7/9/2006	
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City Firle	State South Australia	Zip 5046	Country AUSTRALIA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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